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CONFIRMATION NO. 4377

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/613,276 | FILING DATE<br>07/03/2003<br><br>RULE | CLASS<br>134 | GROUP ART UNIT<br>1746 | ATTORNEY<br>DOCKET NO.<br>HIC 0107 PUS |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 10/01/2003

|   |  |                           |                        |                       |                            |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>MI | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
| Verified and<br>Acknowledged                                | Examiner's Signature <i>DM</i><br>Initials   |                           |                        |                       |                            |

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 22045  
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TITLE  
 Method and system to represent a temperature experienced by a medical device in a medical washing machine

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>375 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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